

STATE MS - DESOTO CO.

ALA MAE GRIFFITH, GRANTOR

JUN 10 4 32 PM '02

TO

WARRANTY DEED

DAVID JOYNER, GRANTEE

BK 421 PG 338
W.E. DAVIS CH. CLK.

FOR AND IN CONSIDERATION of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable legal consideration, the receipt and sufficiency of which is hereby acknowledged, the Grantor, ALA MAE GRIFFITH, hereby sells, conveys, and warrants unto the Grantee, DAVID JOYNER, the land in DeSoto County, Mississippi, being more particularly described as follows:

Lot 446, in Section D, of Buena Vista Lakes Subdivision, Sections 13 & 14, Township 4 South, Range 8 West, in DeSoto County, Mississippi as shown on plat of record in Plat Book 5, Page 40-43, in the Office of the Chancery Clerk of DeSoto County, Mississippi, to which plat reference is made for a more particular description.


By way of explanation, this is the same property conveyed to Wilbert A. Griffith and Wife, Ala Mae Griffith, by Warranty Deed in Book 78, Page 594. Wilbert A. Griffith departed this life on 5-9-1981 leaving Ala Mae Griffith the sole owner of the above described property. This property was not the homestead property of the Griffiths.

By further way of explanation, Allan Gray Griffith executes this Deed on behalf of Ala Mae Griffith as the duly appointed Attorney-In-Fact of Ala Mae Griffith by virtue of a General Power of Attorney dated January 9, 1994 which is recorded in the Office of the Chancery Clerk of DeSoto County, Mississippi.

By acceptance of this Deed, the parties agree that this conveyance is made subject to subdivision, health department, zoning and other regulations in effect in DeSoto County, Mississippi; restrictive covenants of the subdivision; and rights of way and easements for public roads, flowage, and utilities and any mineral or mineral rights, including oil and gas, leased, granted or retained by current or prior owners.

Taxes for 2002 shall be estimated and prorated at closing and paid by the Grantee when due with any final adjustments in proration to be made between Grantor and Grantee when the actual ad-valorem tax bill is rendered. Possession is to be given upon delivery of this Deed.

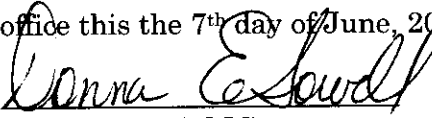
EXECUTED this the 7th day of June, 2002.

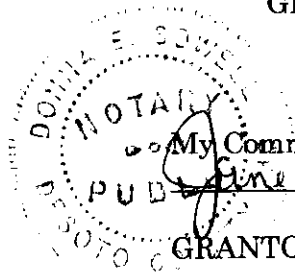

 ALLAN GRAY GRIFFITH
 AS ATTORNEY IN FACT
 OF ALA MAE GRIFFITH,
 GRANTOR

STATE OF MISSISSIPPI
 COUNTY OF DeSOTO

This day personally appeared before me, the undersigned authority in and for said County and State, the within named ALLAN GRAY GRIFFITH AS ATTORNEY IN FACT OF ALA MAE GRIFFITH who acknowledged signing and delivering the above and foregoing Warranty Deed on the day and year therein mentioned as a free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office this the 7th day of June, 2002.


 NOTARY PUBLIC



My Commission Expires:

June 12, 2004

GRANTOR'S ADDRESS:

4539 Kings Park, Memphis, TN 38117
 Home #: 901-767-4990 Bus #: N/A

GRANTEE'S ADDRESS:

1546 Ponatoc Dr. Hernando, MS 38632
 Home #: 662-429-9420 Bus #: N/A

Prepared by:

Walker, Brown & Brown, P. A.

P. O. Box 276

Hernando, MS 38632

(662) 429-5277

(901) 521-9292

j 590 griffith to joyner deed 2004

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

BK 0421 PG 0340

STATE FILE NO.

BIRTH NO.		FIRST		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
1. DECEASED—NAME		2. Wilbert		3. A.		4. Griffith		5. 5-9-81	
6. AGE—LAST BIRTHDAY (YEAR)		7. UNDER 1 YEAR		8. UNDER 1 DAY		9. DATE OF BIRTH (MONTH, DAY, YEAR)		10. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))	
11. 72		12. 72		13. 1-20-1909		14. White		15. Male	
16. COUNTY OF DEATH		17. CITY, TOWN OR LOCATION		18. INSIDE CITY LIMITS (SPECIFY YES OR NO)		19. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, SPECIFY PRIVATE RESIDENCE, BUSINESS, STREET, ETC.)		20. IF HOSP. OR INST. INDIAN DOA. OF FEMUR, ARM., INJECTION (SPECIFY)	
21. Shelby		22. Memphis		23. yes		24. Baptist Hospital, C.		25. 76.	
26. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		27. CITIZEN OF WHAT COUNTRY		28. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		29. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		30.	
31. Ohio		32. USA		33. Married		34. Ala Mae Gray		35.	
36. SOCIAL SECURITY NUMBER (IF NONE, SPECIFY)		37. SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE)		38. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		39. KIND OF BUSINESS OR INDUSTRY		40.	
41. 412-03-2428		42. no		43. Driver		44. Gordon Transport		45.	
46. RESIDENCE—STATE		47. COUNTY		48. CITY, TOWN, OR LOCATION		49. STREET AND NUMBER		50. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
49. Tenn.		50. Shelby		51. Memphis		52. 3435 Northwood Dr		53. yes	
54. FATHER—NAME		55. MOTHER—MAIDEN NAME		56. INFORMANT—NAME		57. MAILING ADDRESS		58. CENSUS TRACT NO.	
59. Ira C. Griffith		60. Lydia Conrad		61. Allan Griffith, 4539 Kings Park Dr.		62.		63. 030-	
64. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)		65. DATE (MONTH, DAY, YEAR)		66. CEMETERY OR CREMATORY—NAME		67. LOCATION		68. CITY OR TOWN	
69. Burial		70. 5-11-81		71. Memphis Memory Gdn		72. Memphis, Tenn.		73. LICENSE NO.	
74. FUNERAL DIRECTOR (NAME)		75. LICENSE NO.		76. EMBALMER (SIGNATURE)		77. REGISTAR—SIGNATURE		78. DATE RECEIVED BY LOCAL REGISTAR	
79. William Young		80. 2157		81. William Young		82. (Signature)		83. 5/18/81	
84. FUNERAL HOME—NAME AND ADDRESS		85. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		86. SIGNATURE		87. DEGREE		88. DATE SIGNED (MONTH, DAY, YEAR)	
89. Memphis Funeral Home, 5599 Poplar, Memphis		90. Memphis, Tenn.		91. Richard K. Reed		92. M.D.		93. 5/18/81	
94. PHYSICIAN—I CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED.		95. SIGNATURE		96. TITLE		97. DATE SIGNED (MONTH, DAY, YEAR)		98. DATE SIGNED (MONTH, DAY, YEAR)	
99. MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		100. SIGNATURE		101. TITLE		102. DATE SIGNED (MONTH, DAY, YEAR)		103. DATE SIGNED (MONTH, DAY, YEAR)	
104. CERTIFIER—NAME (TYPE OR PRINT)		105. MAILING ADDRESS		106. STREET OR R.F.D. NO.		107. CITY OR TOWN		108. STATE	
109. Richard K. Reed, M.D.		110. 899 Madison,		111. Memphis, Tennessee		112. 38146		113.	
114. PART I. DEATH WAS CAUSED BY:		115. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		116. BETWEEN ONSET AND DEATH		117. IN FINAL		118.	
119. IMMEDIATE CAUSE		120. DUE TO, OR AS A CONSEQUENCE OF:		121. (a) Cardiorespiratory Arrest		122. Immediate		123.	
124. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (IN STATING THE UNDERLYING CAUSE LAST)		125. DUE TO, OR AS A CONSEQUENCE OF:		126. (b) Atherosclerotic Heart Disease		127. 1 year		128.	
129. (c) Myocardial infarction, probable		130. (d) Bilateral pneumonia and chronic renal disease		131. 25.		132. AUTOPSY (YES OR NO)		133.	
134. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		135. DATE OF INJURY (MONTH, DAY, YEAR)		136. HOUR		137. DESCRIBE HOW INJURY OCCURRED		138.	
139. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		140. 27b.		141. 27c. M.		142. 27d.		143.	
144. INJURY AT WORK (SPECIFY YES OR NO)		145. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)		146. LOCATION		147. STREET OR R.F.D. NO.		148. CITY OR TOWN	
149. 27e.		150. 27f.		151. 27g.		152. STATE		153.	